

# Dear Oblate Family and Friends,

As we reflect on the missionary works being carried out in many countries, we are deeply touched by the generosity of our Oblate family and friends. You truly bring hope to our struggling world.

We invite you to help us continue feeding the hungry, caring for the sick and aged, educating young eager minds, empowering the poor in developing trade skills, providing sacraments and spiritual care, responding to humanitarian cries of the poor around the globe and so much more.

We thank you for your kindness and compassion. May God bless you abundantly!



*Diane*

Diane Lepage

*Glenn*

Glenn Zimmer, OMI

Coordination Team Members

*Ken Forster OMI*

Ken Forster, OMI

MAMI Outreach



I am enclosing a gift for the Oblate Missions in the amount of:

- \$ 50.00
- \$ 100.00
- \$ 500.00
- \$ 1,000.00
- \$ 5,000.00
- \$ \_\_\_\_\_

**Yes**, in partnership with the Missionary Oblates, I offer my gift of prayers and financial support:

Where most needed, or

Mission area \_\_\_\_\_  
(country, or name of Oblate ministry)

**Yes**, I wish to receive an Angel of Hope Rosary (described on page 32)

**Cheque** payable to: AMMI Lacombe Canada MAMI

**MasterCard** 

**VISA** 

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Monthly Giving** see page 2

Please print name and full address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please mail donations to:

**AMMI Lacombe Canada MAMI**

601 Taylor Street West,  
Saskatoon, SK S7M 0C9

or On-Line:

[www.omilacombe.ca/mami/donations](http://www.omilacombe.ca/mami/donations)

E-transfers: [lacombemami@sasktel.net](mailto:lacombemami@sasktel.net)

Toll Free: 1-866-432-MAMI (6264)

**Thank You!**



*Pledging your gift over a period of time is a monthly reminder of your active participation as a partner in mission with the Oblates.*

## Pre-Authorized Gift Plan

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- I wish to pledge \$ \_\_\_\_\_ per month for \_\_\_\_\_ months for a total of \$ \_\_\_\_\_ *or*
- I wish to pledge \$ \_\_\_\_\_ per month on an ongoing basis.

I hereby authorize *AMMI Lacombe Canada MAMI* to withdraw funds as indicated above from my chequing or credit card on the 1st day of each month.

**Chequing Account** (please enclose a void cheque) *or*

**MasterCard**   **VISA** 

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

2023-EN-JUN

This authorization may be cancelled at any time upon written notice.  
A charitable receipt will be issued once per year for pre-authorized gift plans.


*AMMI Lacombe Canada MAMI* respects your privacy. We protect your personal information and adhere to privacy regulations.  
We do not rent, sell or trade our member list. Please contact us if you have any questions or concerns.




601 Taylor Street West, Saskatoon, SK S7M 0C9

E-mail: [lacombemami@sasktel.net](mailto:lacombemami@sasktel.net)

Telephone: (306) 653-6453 • Toll Free: 1-866-432-MAMI (6264) • Fax: (306) 652-1133

 Facebook: Lacombe Canada MAMI

Website: [www.omilacombe.ca/mami](http://www.omilacombe.ca/mami)

 YouTube: Lacombe MAMI Oblate Missions